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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TREMOR AS A SYMPTOM OF NERVOUS DISEASE.

BY GEO. S. GERHARD, M.D.,

Physician to the Orthopædic Hospital and Infirmary for Nervous Diseases, Philadelphia.

Tremor, or rhythmical and involuntary contractions and relaxations of muscles, is a symptom common to many disorders of the nervous system, depending upon widely differing lesions, and a knowledge of its various forms is, therefore, not only interesting, but is also of much importance diagnostically.

The movements of chorea, ataxia, and the like, are, of course, left out of the consideration, because, though occurring independently of the will, they are non-rhythmical and disorderly.

Clinically speaking, all forms of tremor may be divided into two groups, or classes, viz., those which occur only during voluntary movements, and those which are constant. To the former class belong all that are purely functional in character, and all that are associated with definite organic changes in the nerve-centres, and to the latter the tremor of paralysis agitans.

This division is perfectly natural and self-evident, and was long ago recognized by Van Swieten, but it is only of late years that any attempt has been made to separate the various morbid conditions upon which trembling depends.

Tremors also vary in size, some being small and others large. These differences may be

demonstrated by the myograph, which consists of a dynamometer, connected with a lever or index, in such a manner that the results of pressure made upon the one are transmitted to the other, and by it are recorded upon a plate, moved by a clock-work slide. The instrument, in other words, is simply a modification of Marey's sphygmograph. The tracing of a normal muscular contraction is a straight line; but if the contraction be attended by trembling the line will be broken by oscillations, varying in extent and number, according to the rapidity and size of the tremor induced.

The tracings, though interesting, are not, however, of any practical value, because they are subject to so many variations. The myographic tracing, for instance, of a typical case of multiple sclerosis will resemble very closely that of any other typical case of the same disease, but if it be compared with that of a complicated case, it will be found to have lost its identity. The same holds true in regard to the relation that the sphygmograph bears to the diagnosis of diseases of the heart. The pulse trace of aortic regurgitation, for instance, presents well known and readily recognized characteristics, which are at once lost on the occurrence of other valvular trouble.

In regard to the remote causes of tremor, it appears to me that the most plausible theory is that first suggested by Henle. It is that the normal muscular tonicity is maintained by impulses sent from the brain, so closely associated as to leave no appreciable interval of repose between them; in other words, that one begins to act before the effect of the other becomes exhausted. But if this balance be

destroyed by any disturbing influences acting upon the brain, the impulses become separated, widely or otherwise, as the case may be, and, as a result, alternate muscular contractions and relaxations occur. This may be imitated by a rapidly interrupted current of an induction battery, which, when applied to a muscle, produces a tonic contraction, but if the current be of less frequent interruptions, the muscle contracts and relaxes synchronously with the making and breaking of the current.

Tremors of the First Group.—Tremor depending upon causes purely functional occurs in a variety of nervous disorders. Its simplest expression—which may be called physiological—is developed by holding an arm for a long time in one position, or by carrying a heavy weight. After an exertion of this kind, all voluntary movements are much embarrassed by the trembling, which, though it soon passes off, differs only in degree from the more permanent forms.

In its worst form, it is met with in the convalescence from acute disease, in chronic alcoholism, in chronic poisoning by lead or mercury, and in the cachexia caused by long continued exposure to malaria.

These tremors are small, and occur only during movements of volition. Many of them, especially the toxic, appear at first sight to continue independently of willed efforts, but if the patient be put at absolute rest, as in the recumbent posture, the trembling will be found to cease entirely. To illustrate, I can do no better than to report the following cases, which have lately been under my care in the Infirmary for Nervous Diseases.

CASE 1.—William S., aged 23, a wagon painter, was admitted into the Infirmary on February 12th, 1877. He stated that he had never had venereal disease, and that his previous health had always been good until about one year before his admission, when he was taken with violent colic. This soon passed off under proper treatment, and shortly afterward he was taken with trembling on voluntary efforts, and wrist drop. The latter got well in a few weeks, but the tremor continued, and it was for the relief of this, chiefly, that he applied to the Hospital.

Upon admission he has tremor, complicating all acts of the will, which is at times so violent that he is unable to stand or walk without assistance. It is not increased by closure of the

eyes, and disappears entirely when he assumes the recumbent posture. He does not suffer from pain, and there are no paralytic symptoms. His mental faculties are decidedly sluggish, and he is troubled a good deal with insomnia. His eyesight is somewhat impaired, but there are no abnormal ophthalmoscopic appearances. There is a distinct blue line on the gums; his appetite is poor, and the bowels are slightly constipated. He was put upon increasing doses of iodide of potassium, valerianate of zinc, and hyoscyamus, and at the end of five weeks was discharged somewhat improved, so far as the tremor was concerned, but the other nervous symptoms were much the same as when he was first admitted.

CASE 2.—Alfred W., aged 29, born in England, married, and an engineer by occupation, came to my clinic on December 3d, 1876. He stated that he had been in the United States for two years; that his previous health had always been good, and that for many months he had been employed in the Exhibition grounds. About two months before his admission he was laid up for several weeks, by what was probably a bad attack of remittent fever. Upon getting better, though still very weak, he returned to work, but after being about for a few days he was taken with a relapse, and was obliged to lay up for the second time. In about a week he again resumed his employment, but several days afterward he began to tremble when he attempted to use his arms, to such a degree that he had to give up for the third time.

Condition on Admission.—He is exceedingly pale, his eyes are slightly icterode, his tongue is furred, and his bowels are confined. All movements of volition are accompanied by excessive trembling of the part used. In the hands it is chiefly marked, but when he is asked to put his feet together, and stand erect, the effort required to accomplish the act is at once followed by general tremor, of such violence as to make him totter. The unsteadiness, however, is not increased by closure of the eyes. There is a general paretic condition mixed up with the tremor, but there is no marked loss of power in any particular part.

He was ordered full doses of quinia, good food, iron and hyoscyamus. The tremor gradually lessened, and finally, when the patient's general condition began to show signs of improvement, it disappeared entirely.

The cases reported above are well-marked examples of functional tremor depending upon toxic causes. In both the nervous disorder expressed itself chiefly by tremor, which consisted of a series of small jerks, accompanying all willed motions, and ceasing when the body was in a state of absolute repose.

Tremor due to mercurial poisoning differs in no essential particular from that due to lead. It is usually, however, more violent, and is less amenable to treatment. There is another tremor belonging to the functional class, which is occasionally met with, and which is probably hereditary. It occurs in persons of good constitution, and upon careful inquiry it will be found to be present in several members of a family. Though absolutely limited to willed motions, it is much increased by excitement, fatigue, and any disturbance of the general health. As a rule it is a symptom of little or no consequence, but in a certain number of cases it expresses a vulnerability of the nervous system, which will sooner or later show itself by positive disease.

Tremors depending upon definite lesions of the nerve centres resemble the functional in being limited to voluntary movements, but differ from them in being much larger. They are found in multiple sclerosis, or the "sclérose en plaques disséminées" of Charcot, and in many old but partially recovered hemiplegias.

In speaking of the tremor of multiple sclerosis, it is unnecessary to describe the other symptoms of that disease, because the subject has already been exhausted by the published researches of Charcot (*Leçons sur les Maladies du Système Nerveux*) and by the reports of cases by myself and others. From first to last trembling is the most striking symptom of this form of sclerosis, and the one of all others which at once distinguishes the disease from other cerebro-spinal disorders. It is large and rhythmical; it is brought out by every movement of the will, and ceases during entire rest of the body, and it involves the head as well as other parts, though it may at first be limited to one member. Another peculiarity of the tremor of sclerosis, is that it becomes smaller and more violent in proportion to the length of time required for the execution of any willed movement. For instance, when the patient is told to lift a glass to his mouth, the hand shakes in a deliberate sort of manner so soon as the vessel is grasped, but the jerks gradually approach each other,

until, finally, toward the close of the act, they become extremely frequent.

The other form of organic tremor which I have alluded to is one frequently seen in old hemiplegias. It only occurs during an effort of the will, and is usually very large, though, as in multiple sclerosis, it becomes smaller toward the close of a somewhat protracted voluntary act. It is probably closely related to the post hemiplegia choreas described by Dr. Mitchell (*American Journal of Medical Sciences*, October, 1874); indeed, it is quite reasonable to suppose that the two are inter-convertible. I have at present under my care, in the Infirmary, a good illustration of this peculiar tremor. The case is as follows:—

Mrs. L., aged thirty-eight, admitted into the Infirmary for Nervous Diseases on March 19th, 1877; stated that she had always had good health until three years ago, when, upon returning home from shopping one day her right arm suddenly became powerless. Shortly afterward she became unconscious, and remained so for three days. Upon regaining her senses she found that she was unable to move her right arm or leg, but there was no facial palsy, and no aphasic symptoms.

In two months she began to move her arm, and afterward her leg, and both continued to improve until six months ago, when a stationary period was reached. She has had no headache, and no disturbance of sight.

On admission she has every movement of the arm, but the grip of the right hand is feebler than that of the left, and following each voluntary act a large rhythmical tremor appears. She walks without assistance, though with the characteristic hemiplegic swing, and all movements of the leg are accompanied by a large tremor similar to that observed in the arm. There is no deviation of the face, no aphasia, and no disturbance of sensibility. An examination of the eye-ground reveals slight atrophic changes. The heart is hypertrophied, and a loud systolic murmur is heard, having its point of greatest intensity at the apex. The diagnosis was, therefore, hemiplegia from embolism. The tremors included in the second group are those which belong to paralysis agitans or shaking palsy. For a long time all disorder of the nervous system in which tremor was a prominent symptom were described as paralysis agitans, and even now there appears to be a good deal of confusion in regard to the

proper limitation of the disease. It appears to me that under this head must be placed all cases in which constant tremor is the most striking feature. Many of these, and particularly when the patient is under fifty or sixty years of age, must be considered as functional, because they are either curable or show a marked tendency to improve under treatment. When the disease, however, occurs in persons past fifty, it is not only utterly incurable, but seldom, if ever, responds to treatment. The pathological condition of the latter class is probably one of sclerosis, more or less diffused and depending upon wasting rather than upon active proliferating change in the brain and cord. This division into the simple and senile forms, whether it be strictly correct or not, agrees with common observation, as all who have had special opportunities for the study of nervous disease must acknowledge.

The trembling of both forms is constant, though it may be decidedly lessened by a concentrated effort of the will, and ceases entirely only during sleep. In both, it may be either general or confined to a single member, and occasionally it is unilateral, or hemiplegic. It is always associated with more or less loss of power in the affected parts, and in the senile form festination is often a marked symptom.

MEDICAL SOCIETIES.

THE AMERICAN MEDICAL ASSOCIATION.

TWENTY-EIGHTH ANNUAL MEETING.

Reported Especially for the MEDICAL AND SURGICAL REPORTER.

The Association met at Farwell Hall, Chicago, Illinois, on Tuesday, June 5th, 1877, at 11 A.M. It was called to order by Ex-President Dr. J. M. Sims, New York, who introduced the President, Dr. H. I. Bowditch, Massachusetts.

Bishop W. L. Harris, D.D., LL.D., of Illinois, opened the session with prayer.

Dr. N. S. Davis, Illinois, delivered an address of welcome, and announced the list of delegates. There were over 700 in attendance.

Drs. Hingston and Grant, of Canada, who were present, were invited to seats on the platform.

A number of persons were elected members by invitation, and permanent members, during the session.

The Committee of Arrangements reported a programme for each day's session.

The President then delivered the Annual

Address, in which he urged many changes: as to reduction in number of delegates; as to reference of papers to experts, who should determine on their publication; as to the union with the Canada Medical Association, its advantages and disadvantages; objecting to the use of wine at the gatherings; as to the Judicial Council, and its great value to the Association; as to the fact of temperance at the session in Louisville, the home of the Bourbon; as to a committee to lay out a programme of papers for each Section and each day, though not to prevent the introduction of volunteer papers; he suggested an arrangement by which members of each State Medical Society could become permanent members of this body, thus interesting all in the success of this Association; as to the Pharmacopoeia, and its reference to a select committee, or to the Judicial Council, etc.

On motion of Dr. Brodie, thanks were extended to the President, for his able and eloquent address, and it was referred to the Committee of Publication.

On motion, it was referred to a committee of seven, to consider its suggestions.

Committee—Drs. W. Brodie, Mich.; S. D. Gross, Penna.; E. Grissom, N. C.; J. R. Smith, U. S. Army; J. K. Bartlett, Wis.; J. P. White, N. Y., and J. M. Toner, D. C.

Volunteer papers—On the Importance of Establishing Legal Medical Councils of State, by Dr. C. G. Comegys, Ohio. On Medical Testimony, with Special Reference to Cases of Insanity, by Dr. C. R. Buckham, Mich. On the Therapeutics of Cancer, by Dr. T. A. McGraw, Mich. On a Means of Treating Vesico vaginal Fistula, by Dr. N. R. Bozeman, N. Y. On Studies on Rendering Incisions Painless, by means of High Velocities. On Recent Advances in Otology, by Dr. S. J. Jones, Ill. On the Study of 925 Cases of Pulmonary Disease, by Dr. F. H. Davis, Ill. On the Intervention of the Physician in Education, by Dr. E. Seguin, N. Y. On Congenital Absence and Malformations of the Uterus, with Cases, by Dr. H. O. Marcy, Mass., were referred to the appropriate Sections.

The committee on National Library were continued, by request.

The Registration Committee reported several protests against the admission of delegates, which were referred to the Judicial Council, and the Association adjourned to meet on Wednesday.

WEDNESDAY, JUNE 6TH.

The Association met at 9½ P.M. Minutes were read and approved.

Volunteer papers were offered—On Tuberculosis, by Dr. A. N. Bell, N. Y. On an Aspirating Instrument, by Dr. H. I. Bowditch, Mass. On Plastic Splints, by Dr. H. O. Marcy, Mass. On Epithelioma, by Dr. S. P. Breed, Ill. A New Speculum of Wire, by Dr. E. A. Hildreth, W. Va. On Conservative Surgery, by Dr. J. N. Quimby, N. J., which were referred to the appropriate Sections.

The special committee on the President's Address reported

1st. The Smithsonian plan of publication. It is believed that if the officers of the Sections should perform their duties properly under the existing regulations, there would be no necessity for further examinations.

2d. In the matter of a standing committee to procure papers on scientific subjects, it is or should be part of the duty of the chairmen of the Sections to obtain suitable matter for their respective Sections at as early a time after their appointment as possible, and it is believed this would effect what the President proposes.

3d. On permanent members and representation, we do not think it best, at the present time, to make or suggest any change in the present plan of organization.

4th. On the subject of the union of this Association and the Canada Medical Association, we consider the same impracticable, and are of opinion that the present system of intercourse between the societies, by delegates, serves, to meet the requirements.

5th. On the question of the Pharmacopœia, we deem it inexpedient at the present time to take any action in the premises.

After some remarks, this report was laid on the table for the present.

Dr. E. R. Squibb, of New York, then commenced reading a paper reviewing at great length the opposition to his proposed plan for publishing the Pharmacopœia, as shown in the pamphlets of Dr. H. C. Wood, A. B. Taylor, etc.

A motion to suspend the reading, and lay the whole subject on the table, was lost, and Dr. Squibb continued.

After some time, the hour for other business having arrived, on motion, the subject was referred to the Committee of Arrangements, to select an hour for its continuance.

Dr. W. Ulrich, of Pa., preferred charges against Dr. W. F. Barr, a P. M. from Virginia, which were referred to the Judicial Council.

Dr. P. G. Robinson, of Missouri, Chairman of Section on Practical, Medicine, etc., read his address, giving a review of the advances in those branches.

Dr. J. P. White, of New York, Chairman of Section on Obstetrics and Diseases of Women and Children, read his address.

The Permanent Secretary then called the roll of States, and announced the following as the Committee on Nominations:—

Arkansas, J. M. Keller; California, L. M. Lovelace; Colorado, C. R. Bissell; Connecticut, H. M. Knight; Delaware, Wm. Marshall; District of Columbia, W. H. Ross; Georgia, R. Battey; Illinois, T. D. Fitch; Indiana, G. Satton; Iowa, C. H. Rawson; Kansas, W. L. Schenck; Kentucky, D. W. Yandell; Louisiana, J. C. Egan; Maine, W. B. Cobb; Massachusetts, H. O. Marcy; Maryland, C. H. Ohr; Michigan, L. Connor; Minnesota, C. P. Adams; Missouri, T. B. Lester; Mississippi, W. M. Compton; New Hampshire, S. G. Dearborn; New Jersey, S. Lilly; New York, John P.

Gray; North Carolina, E. Grissom; Ohio, W. W. Jones; Pennsylvania, Samuel D. Gross; Rhode Island, W. H. Palmer; South Carolina, W. H. Geddings; Tennessee, D. J. Roberts; Texas, A. E. Carothers; Vermont, W. R. Hutchinson; Virginia, F. D. Cunningham; West Virginia, John C. Hupp; Wisconsin, J. T. Reeve; U. S. A., Joseph R. Smith.

This committee were requested to meet at once, in the room of the Judicial Council.

Dr. Nichols, President of the Association of Superintendents of American Insane Asylums, was then introduced.

The Association adjourned, to meet on Thursday.

THURSDAY, JUNE 7TH.

Minutes read and approved.

A volunteer paper was offered, on "The Relative Value of Incisions and Aspirations in the Treatment of Empyema and Hydrothorax," by Dr. H. I. Bowditch, of Massachusetts, and referred to the proper Section.

The report on American Medical Neurology, by Dr. S. C. Chew, of Maryland, was presented and referred to the Committee of Publication.

Reports from the Judicial Council, on the Arkansas State Medical Association, declining to reopen the matter, as settled last year; on the Branch Co. (Mich.) Medical Society, admitting it to membership; on the charges by Dr. G. Frothingham against the Michigan State Medical Society, and certain of its members, declaring the Society and those members not guilty; and on the Hendricks Co. (Ind.) Medical Society, refusing to admit its delegates, as it was not recognized by its State Medical Society.

Some charges were presented and referred to the Judicial Council.

The report of the Treasurer was read, showing a balance of \$172 in the funds; and of the Committee of Publication, which alluded to the careless preparation of manuscripts when received by that Committee. Both were received and referred to the Committee, for publication with the *Transactions*.

A motion by Dr. Woodward, U. S. Army, that hereafter the verbatim reports of Sections be not printed, was lost.

The Committee on Prize Essays reported one Essay received, but not of sufficient value to be awarded a prize, and one too late for consideration. The report was adopted.

Dr. Ezra M. Hunt, of New Jersey, Chairman of Section on State Medicine and Public Hygiene, then read his address.

The report of the Librarian, Dr. Wm. Lee, was read, showing valuable additions to the library. The report was received and referred for publication, with its catalogue, and his bill of expenses was allowed.

Dr. Squibb then resumed his remarks on the Pharmacopœia, the Committee of Arrangements having recommended that he be allowed to commence at 11 A. M., and have twenty minutes, and the other side then be allowed a chance; at the end of his time, he not having

concluded, additional time was allowed him, after some discussion.

Dr. Squibb continued some time longer, and when his time had expired, the order of business was suspended, by request, to permit the Committee on Nominations to make a partial report.

The report was as follows:—

Officers for 1878—*President*, Dr. T. Richardson, La.; *First Vice President*, Dr. James P. White, New York; *Second Vice President*, Dr. Moses Gunn, Illinois; *Third Vice President*, Dr. George W. Russell, Connecticut; *Fourth Vice President*, Dr. A. Dunlap, Ohio.

Place of meeting, Buffalo, New York; time, 1st Tuesday in June, 1877. The rest of the report to be given on Friday.

The consideration of the Pharmacopœia was again resumed, and Dr. H. C. Wood, of Pennsylvania, took the floor; Dr. S. Lilly, of New Jersey, read a protest of the State Medical Society of New Jersey, against the continuance of the old plan.

Dr. Brodie, of Michigan, moved that a committee of five be appointed by the President, to whom shall be referred the papers of Drs. Squibb, Wood, and the others, with full authority to examine into the question as to the propriety of this Association being a factor, in whole or in part, in the publication of a Pharmacopœia, and report at the next meeting.

Dr. N. S. Davis, of Illinois, opposed this, in some remarks, and moved that the whole subject be indefinitely postponed, which was carried by a large majority.

The Association then adjourned to Friday.

FRIDAY, JUNE 8TH.

The minutes were read and approved.

The Permanent Secretary read his report on State Boards of Health.

In accordance with the resolution adopted in 1875, the Permanent Secretary would respectfully report that the following circular letter, signed by the President and himself, was forwarded to the Executive of each State in which a Health Board had not already been organized.

TO THE GOVERNOR OF THE STATE OF———. May it please your Excellency. We append to this communication a vote passed by the American Medical Association, May 7th, 1875. By it you will see that the undersigned were directed to lay before the Legislature of every State in which no State Board of Health has been legally established, the necessity for such a Board.

We deem it unnecessary to enter into any prolonged argument in relation to the subject, but we would simply lay before your Excellency the following facts:—

First. Twelve States have now such Boards of Health.

Second. Where funds have been granted for the publication of reports, great good has been accomplished by arousing the whole community to a sense of the necessity for care about everything connected with the various homesteads,

in order to prevent the operation of causes tending to produce ill health in the community.

Third. Competent men, members of legislatures, who have been, as such, desirous of great economy in the disbursing of the public funds, have, from their own experience, acknowledged that funds so voted by the State authorities for such support have been more than repaid by the reforms brought about in various villages and towns, which reforms have mitigated or prevented diseases previously always existing at certain periods of the year.

Fourth. From some statistical data it is believed that many lives have thus been saved, and wealth thus given to the State.

For these reasons, and others that might be mentioned, the American Medical Association respectfully and earnestly urges you, as the Chief Executive of the State of ——, to lay the subject before your Legislature at its next meeting. We remain, with the highest respect, your obedient servants.

HENRY I. BOWDITCH, *President*.

WM. B. ATKINSON, *Permanent Secretary*,
1400 Pine street, Philadelphia.

May 7th, 1875.

Resolved, That each year, until otherwise ordered, the President and the Permanent Secretary be directed to appeal, in the name of the Association, to the authorities of each State where no State board of Health exists, urging them to establish such Board.

The Secretary was also directed to report annually to the Association the names of the States having such Boards.

And also copies were sent to each member of the State Committees created by the resolution of Dr. Bell, in 1876.

Replies were received, evincing earnest effort, on the part of those gentlemen, to forward the great work in hand.

There now exist State Boards of Health in Alabama, California, Colorado, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, North Carolina, New Jersey, Tennessee, Virginia and Wisconsin.

Bills have been introduced in the Legislatures of several other States, but thus far without material results.

Special reports have been made by the Committees of Pennsylvania, South Carolina, Mississippi and Delaware.

It is respectfully suggested that the Committees in each State, created at our last session, be continued.

Respectfully submitted,

WILLIAM B. ATKINSON, *Permanent Sec'y*.

The report was received.

The report of the delegates to the International Medical Congress was read, as follows:—

A Report on the Progress of Uniformity in the Means of Observation and Records of Physic.

Mr. President and Gentlemen:—During your last session you voted that the question of uniformity in the means of observation, and that of medical records, should be presented, in

your name, to the International Medical Congress, soon to meet in Philadelphia.

This Congress received your communication, with an interest enhanced by the warm recommendation of its illustrious President, Prof. S. D. Gross, in his comprehensive inaugural address; and the International Medical Congress, in its turn, voted the sending of delegates to the next Congress, which is to meet in Geneva, September, 1877, with the special commission of pleading the cause, there, of "Medical Uniformity." Such has been the official progress of this question since your last meeting.

Its technological progress consists (a) in the perfecting and cheapening of the sphygmograph, but not yet to the point of making it as popular as the thermometer; (b) in the reduction of urinometers and urinoscopes to a uniform standard, and to pocket-size; (c) in the invention of simple calorimeters and globulimeters, which, separately, realize the hopes induced fifteen years ago, by the brilliant invention of Professor Mantagazza; (d) the more important conquest of this year has been the acceptance of the metric system, by the New York State Medical Society.

It may not be out of place to add that the demand for instruments of positive observation has more than doubled in the last ten years, and that the use of uniform records of medical observation has increased from a few hundreds to thousands annually—a double progress, entirely due to the initiation of this great progressive body, the American Medical Association.

During the same period the pharmacists have made parallel efforts to bring uniformity in the products of their trade, which is an accessory to our art; and we must acknowledge that they are somewhat ahead of us. They will be strongly represented in the International Medical Congress of Geneva, and it would be more creditable for them than for us were they the first to agree upon the terms of this long longed-for uniformity on our own ground. Pharmacy would gain nothing and physic would lose much by leaving disconnected the movements which tend to establish uniformity in the Pharmacopœias, and in the practice of physic; both uniformities being twin sisters, from the same spirit, the aspiration of the human mind toward the next synthesis.

Therefore your reporter on this subject proposes that the American Medical Association send special delegates to the International Medical Congress of Geneva, as it did so effectively to the International Medical Congress of Brussels in 1875, to advocate the adoption of a progressive uniformity of means of medical observation and records, with the concurrence, if possible, of the members of this Congress who will be found there, engaged in advocating the application of the principle of uniformity in this and other departments of science.

[Signed]

E. SEGUIN,
J. J. WOODWARD.

On motion the report was received and entered on the minutes.

On motion, Drs. Clifton E. Wing, of Massachusetts, and Wm. Brodie, of Michigan, were appointed delegates to the Canada Medical Association, and Dr. Thomas M. Drysdale, of Pennsylvania, a delegate to the Medical Societies of Europe.

The minutes of the Judicial Council were presented and referred to the Committee of Publication.

The minutes of the Sections on Obstetrics, on State Medicine, on Surgery and Anatomy, on Medical Jurisprudence, and on Practical Medicine, with the accompanying papers, were presented and referred to the Committee of Publication.

The Committee of Nominations presented the balance of their report.

Section of Practical Medicine, Materia Medica and Physiology—Chairman, Dr. A. L. Loomis, of New York; Secretary, Dr. J. H. Etheridge, of Illinois.

Section of Obstetrics and Diseases of Women and Children—Chairman, Dr. E. W. Jenks, of Michigan; Secretary, Dr. H. O. Marcy, of Massachusetts.

Section of Surgery and Anatomy—Chairman, Dr. H. H. Smith, of Pennsylvania; Secretary, Dr. E. T. Early, of Arkansas.

Section of Medical Jurisprudence, Chemistry and Psychology—Chairman, Dr. Walter Kempster, of Wisconsin; Secretary, Dr. E. A. Hildreth, of West Virginia.

Section of State Medicine and Public Hygiene—Chairman, Dr. J. L. Cabell, of Virginia; Secretary, Dr. E. J. Marsh, of New Jersey.

Next place of meeting, Buffalo, New York; time, first Tuesday in June, 1878.

Assistant Secretary—Dr. E. N. Brush, of New York.

Committee of Arrangements—Drs. T. F. Rochester, J. F. Miner, E. R. Barnes, C. G. Wyckoff, M. B. Folwell, W. C. Phelps, E. N. Brush, all of Buffalo, New York.

Committee of Publication—Drs. W. B. Atkinson, Chairman; T. M. Drysdale, A. Fricke, S. D. Gross, C. Wister, R. J. Dunglison, of Pennsylvania, and Wm. Lee, of District of Columbia.

Treasurer—Dr. R. J. Dunglison, of Pennsylvania.

Librarian—Dr. Wm. Lee, of District of Columbia.

Committee on Library—Dr. Johnson Eliot, of District of Columbia.

Members of Section of State Medicine and Public Hygiene—Drs. J. Cochrane, of Alabama; A. M. Carrigan, of Arkansas; W. F. Cheney, of California; C. Denison, of Colorado; C. A. Lindsley, of Connecticut; W. Marshall, of Delaware; T. Antisell, of District of Columbia; J. P. Logan, of Georgia; H. A. Johnson, of Illinois; T. M. Stevens, of Indiana; D. W. Stormont, of Kansas; S. Brandeis, of Kentucky; S. M. Bemiss, of Louisiana; E. F. Sanger, of Maine; C. H. Ohr, of Maryland; H. I. Bowditch, of Massachusetts; H. B. Baker, of

Michigan; C. M. Hewitt, of Minnesota; Wirt Johnson, of Mississippi; J. W. Trader, of Missouri; M. W. Russell, of New Hampshire; E. M. Hunt, of New Jersey; Elisha Harris, of New York; C. G. Comegys, of Ohio; Benjamin Lee, of Pennsylvania; E. M. Snow, of Rhode Island; R. A. Kinloch, of South Carolina; T. A. Atchison, of Tennessee; A. E. Carothers, of Texas; J. L. Cabell, of Virginia; L. C. Butler, of Vermont; E. L. Griffin, of Wisconsin; G. W. Betton, of Florida; C. J. O'Hagan, of North Carolina; John S. Billings, u. s. a.; Joseph Wilson, u. s. n.

Committee on Necrology—J. M. Toner, of District of Columbia, Chairman; W. H. Ross, of District of Columbia, Secretary; J. W. Barclay, of Alabama; T. E. Murrell, of Arkansas; M. Baker, of California; G. W. Russell, of Connecticut; L. P. Bush, of Delaware; W. W. Johnson, of District of Columbia; T. S. Hopkins, of Georgia; J. H. Hollister, of Illinois; J. Moffit, of Indiana; S. B. Thrall, of Iowa; L. P. Yandell, Sr., of Kentucky; S. C. Gordon, of Maine; A. L. Norris, of Massachusetts; D. I. McKew, of Maryland; W. F. Breakes, of Michigan; E. C. Cross, of Minnesota; A. J. Steele, of Missouri; John Blane, of New Jersey; N. J. Pitman, of North Carolina; Joseph Jones, of Louisiana; Gouv. M. Smith, of New York; Geo. Mitchell, of Ohio; W. C. Warner, of Oregon; H. C. Wood, of Pennsylvania; C. W. Parsons, of Rhode Island; A. Talley, of South Carolina; J. B. Lindsley, of Tennessee; J. H. Stalnaker, of Texas; W. D. Hooper, of Virginia; D. Mason, of Wisconsin; O. F. Fassett, of Vermont; P. F. Whitehead, of Mississippi; W. L. Schenck, of Kansas; L. G. Hill, of New Hampshire; R. W. Hazlett, of West Virginia; J. J. Woodward, u. s. a.; J. Wilson, u. s. n.

Judicial Council—For three years—Drs. J. K. Bartlett, of Wisconsin; F. Staples, of Minnesota; E. Grissom, of North Carolina; W. S. Robertson, of Iowa; S. Lilly, of New Jersey. A. T. Woodward, of Vermont, in place of those whose term expires at this meeting. P. O. Hooper, of Arkansas, in place of Dr. A. Dunlap, resigned, whose term expires in 1878.

Committee on Prize Essays—Drs. E. M. Moore, T. Lothrop, W. Miner, H. R. Hopkins, and E. W. Dean, of New York.

The Committee respectfully propose the following changes of the By-Laws, to be decided at the session of 1878. Under Article II, Section 00, 10th line from top, the word *essayist* shall be introduced immediately after the word chairman, so as to read as follows: "The Chairman, Essayist and Secretary of the several Sections shall, like other officers of the Association, be nominated," etc.

Same Article, line 22d, et seq., to read as follows: "The Chairman of the several Sections shall preside at the meetings of their respective Sections. The Essayists shall prepare, and read in the general sessions of the Association, papers on some subject to be selected by themselves,

but relating to one or more of the branches of science included in their respective Sections; the reading of such papers not to occupy longer than forty minutes for each."

On motion of Dr. Brodie, the report was adopted and the officers declared elected.

The part relating to the Amendments was laid over.

Dr. T. D. Fitch, Illinois, offered an amendment to the laws, as follows:—

I hereby propose to amend Section 11, paragraph referring to permanent members, as follows: Strike out "and of such other members as may receive the appointment by unanimous vote. They shall continue such so long as they remain in good standing," etc. Laid over till next session.

Dr. N. S. Davis, of Illinois, offered these amendments: Strike out from the By-Laws the whole paragraph on page 680 of volume for 1876, commencing, "Papers appropriate to the several Sections," etc. Strike out third paragraph, Section 8, commencing, "It shall be the duty," etc. Strike out all of second paragraph, Section 9, commencing, "This Association," etc. Laid over.

Dr. Davis then moved to strike out from the Ordinances the third Resolution from top of page 685, volume 1876; page 686, second and third Resolutions from top; page 687, Preamble and Resolution on Contract Physicians. Unanimously adopted.

On motion of Dr. J. W. Singleton, of Kentucky, it was

Resolved, That whereas it has come to our knowledge that a bill, known as the Morrison bill, for the discontinuance of the tariff on quinine, is at this time before the Committee of Ways and Means in the Congress of the United States; and, whereas the welfare of a large portion of the people in the Western States and Territories is concerned in the issue of this bill, as well as any movement which will enable them to obtain quinine at a less cost than the enormous prices now paid by the consumer; and, whereas the opposition to this bill set forth by the manufacturers and trade does not represent the desire of those who are engaged in the relief of suffering and want, but ignores entirely the necessities of a large population, many of whom are engaged in cultivating the soil and opening up new resources of wealth to the government in malarial districts; and, whereas principles of justice and humanity alike demand free quinine and an open market for the competition of European manufacturers,

Resolved, That the American Medical Association approve of the passage of the "Morrison bill," for the repeal of the tariff on Quinine, and respectfully insist that said bill shall become a law.

Resolved, That the Permanent Secretary of this Association be required to transmit the foregoing preambles and resolutions to the chairman of the Committee of Ways and Means, in the next Congress of the United States.

On motion of Dr. H. H. Smith, Pa., it was *Resolved*, That the American Medical Association have heard with regret of the failing health of its former President, Dr. George B. Wood.

Resolved, That this Association respectfully tender him their sympathy in his illness, and desire to record their appreciation of his life long efforts to advance the highest interests of the Medical Profession.

Resolved, That a copy of these resolutions be promptly forwarded to Dr. Wood.

Dr. Singleton, Ky., offered the following:

Resolved, That the members of the American Medical Association regard with feelings of the deepest pride and pleasure the sentiments of peace and nationality now existing and steadily gaining in our great country, and that in commencing the second century of our National Independence, we hail the present and prospective harmony of the sisterhood of States, as promising the greatest and most beneficent results to science and humanity, in the future.

After remarks by Dr. E. Grissom, N. C., the resolution was unanimously adopted.

On motion of Dr. D. J. Roberts, Ill., it was resolved that this Association shall consider the proposed changes in the laws on the 1st day of the session of 1878, in order that the Committee on Nominations can act, if necessary.

The Permanent Secretary read the following, which was laid over for action next year:—

WHEREAS, The Section on Surgery and Anatomy is overcrowded with matter of interest to the general practitioner, and there can be but little time devoted to ophthalmology, otology and laryngology; and

Whereas, There is a large number of members of this Association who devote themselves exclusively to ophthalmology, otology and laryngology,

Resolved, That there be added to the five existing Sections, a Section for Ophthalmology, Otology and Laryngology, which shall be known and designated as Section 6, and that the same be organized at the next annual meeting.

[Signed]

ZENOPHON C. SCOTT, Ohio.
EUGENE SMITH, Mich.
J. M. BODINE, Kentucky.
D. S. REYNOLDS, Ky.
S. J. JONES, Illinois.
E. L. HOLMES, Illinois.
F. C. HOTZ, Illinois.

On motion of Dr. C. H. Thomas, Pennsylvania, it was

Resolved, That Drs. E. Seguin, N. Y., T. M. Drysdale, Penna., and a third member to be appointed by the President, be chosen delegates to the International Medical Congress to be held at Geneva, in 1877, to co-operate with the other delegates to Europe, before the British, French and German Associations' meetings this year. The third member, as appointed, was Dr. J. Marion Sims, N. Y.

The following communication was read:—

To the Members of the American Medical Association:—

GENTLEMEN—At a general meeting of the various medical societies of the city of Buffalo, together with members of the profession residing in the vicinity, the undersigned were appointed a Committee to extend to your honorable body a cordial invitation to hold your annual meeting, in 1878, in the city of Buffalo, New York.

The profession of the city and vicinity stand ready to give you a most hearty welcome; they moreover feel that, as Detroit, Chicago, Cincinnati, and other cities of the West, have been twice honored with your presence, the Queen City of the Lakes should next receive the honor and pleasure of entertaining you.

In hopeful anticipation that our invitation will receive your favorable consideration, we remain, in behalf of the medical profession of Buffalo,

[Signed]

JAMES P. WHITE,
J. F. MINER,
THOS. F. ROCHESTER,
C. C. F. GAY,
H. BARNES.

On motion of Dr. N. S. Davis, Dr. Lewis A. Sayre, of New York, was made a delegate to the British Medical Association.

Dr. H. A. Johnson, Illinois, presented the following report of the Committee on Rank in the Army, which was ordered to be entered on the minutes:—

To the President and Members of the American Medical Association:—

GENTLEMEN—At the meeting of this Association, held two years ago, the undersigned were appointed a Committee, with instructions to endeavor to secure from Congress a better recognition of the Medical Staff of the United States Army.

In obedience to these instructions a memorial was prepared, early in the session of 1875-76, to Congress; with this memorial and petition were also presented documents containing facts and figures justifying, in the opinion of the Committee, the modification asked for.

In accordance with this petition, Senator Logan, of Illinois, prepared and introduced into the Senate a bill substantially providing for the relief desired by the medical officers of the army.

At the time of the last meeting of this Association this bill was still pending, and under the circumstances it was thought best by the friends of the measure that no formal report be made by the Committee.

Soon after the adjournment of the Association last year, the bill was passed by Congress, and received the approval of the President.

The bill reads as follows:—

"An Act to reduce the number and increase the efficiency of the Medical Corps of the United States Army.

"Be it enacted, by the Senate and House of

Representatives of the United States of America, in Congress assembled, That the number of Assistant Surgeons now allowed by law shall be reduced to 125, and that the office of medical storekeeper is hereby abolished; that from and after the passage of this Act, in addition to the grades now allowed by law, there shall be four surgeons with the rank, pay, and emoluments of colonels; eight surgeons with the rank, pay, and emoluments of lieutenant-colonels, to be promoted by seniority from the medical officers of the army; that this Act shall not be construed to deprive any medical officer or storekeeper now in office of his commission in the United States Army.

Approved June 26th, 1876.

The reduction, as the Committee understand, is simply reduction of the numbers allowed by the old law, but not a reduction of the number in actual service at the time of the passage of the bill.

This measure has been secured by the united action of the American Medical Association and the profession of the whole country, represented in this Association and the Army Medical Corps, the officers of which, in a dignified but persistent manner, presented, in the name of justice, their claims for relief.

The members of the Committee take pleasure in submitting herewith, as a part of this report, a letter from the Surgeon-General of the United States Army, and they recommend that it be spread upon the minutes of the Association.

WAR DEPARTMENT, SURGEON GENERAL'S OFFICE,
WASHINGTON, D. C., June 1st, 1877.

Dr. H. A. Johnson, Chairman of the Committee on Rank of the Medical Department of the Army, American Medical Association, Chicago, Ill.

MY DEAR SIR:—When, at the next meeting of the American Medical Association, the report of the Committee on "Rank of the Medical Department of the Army," of which you are Chairman, is considered, I beg that you will express to the members thereof my thanks, with those of the Medical Corps of the Army, for their persistent and energetic efforts to secure legislation by Congress, placing the Medical Corps upon equality in rank with other Staff Corps and with the Line of the Army.

These efforts, so earnestly conducted for several years, were, shortly after the adjournment of the last session of the Association, crowned with success; Congress having, in June, 1876, so modified the organization of the Medical Corps, by an Act, of which I inclose a copy, that its members can now anticipate some certainty of promotion as the result of faithful service. This betterment in the prospects of its officers will, I am confident, materially increase the efficiency of the Corps, by encouraging those now in service, thus checking the, of late, injuriously frequent resignation of promising officers, and making positions in it so desirable as to secure

applicants for admission from among the most talented and cultivated medical graduates.

In expressing my grateful appreciation of the powerful influence exerted in our behalf by the American Medical Association, let me add the hope that the good understanding existing between it (the organized representative of the medical profession) and the Medical Corps of the Army, may become even closer in the future than in the past.

In conclusion, my dear sir, allow me to express my thanks, and those of the Medical Corps of the Army, to yourself, personally, and to all the members of your own and former committees in connection with this subject.

I am, my dear sir, very sincerely yours,

JOSEPH K. BARNES.

Surgeon-General U. S. Army.

All of which is respectfully submitted.

[Signed]

H. A. JOHNSON,
H. C. WOOD,
GEORGE SCHRADY,
J. P. GRAY,
E. L. HOWARD.

Chicago, June 8th, 1877.

After some remarks by Surgeon Woodward, U. S. A., the report was accepted.

The President nominated Dr. J. J. Woodward as a delegate to the International Medical Congress of 1877, but he declined. On motion of Dr. C. H. Thomas, the President was requested to make the appointment at his leisure.

On motion of Dr. J. M. Toner, D. C., it was *Resolved*, That Francis Gurney Smith, who retired from the Chairmanship of the Committee of Publication last year, on account of ill health, after many years' service therein, is entitled to, and is hereby tendered, the sincere thanks of this Association, for the admirable and satisfactory manner in which he so long discharged the arduous and exacting duties of the office.

On motion of Dr. J. F. Hibberd, Ind., it was *Resolved*, That this Association, in view of the retirement from the office of Treasurer of the gentleman who, for twenty-two years, has discharged the responsible and laborious duties of that situation, desires in this manner to express its high appreciation of and full satisfaction with the promptness and completeness with which Caspar Wister has discharged the incumbent obligations of its financial agent for so many years, and hereby tender to him the sincerest thanks of the Association for such long and honorable service.

Vice-president J. R. Smith, U. S. A., now took the chair.

Dr. H. I. Bowditch offered the following:—

Resolved, That this Association recommends to the chairmen of the Sections, at any place at which we may hereafter meet, the propriety of obtaining from our ablest associates in various parts of the country papers to be presented to the Sections, and that due notice of the names of the writers, if possible, be given in the medical journals before the meeting.

On motion of Dr. Brodie, the report, as laid upon the table yesterday, was taken up.

On motion of Dr. N. S. Davis, Dr. Bowditch's resolution was amended, to say that the chairman and secretary of each Section shall send, thirty days before each meeting, their business to the chairman of the Committee of Arrangements, who shall then advertise the programme.

Dr. Bowditch also offered the following:—

Resolved, That the two recommendations contained in the President's address, relative to permanent membership, and to representation, be referred to a committee of three, whose duty it shall be to report at the next annual meeting, what, if any, action should be taken in accordance with said recommendation.

These suggestions are—

"First, I wish every honorable, well educated physician in the United States to feel an interest in, and to be a member of, this Association, by the very fact of his having become, by proper education and examination, such a physician. In some State medical societies the county societies, by their censors' examinations, have the right to admit members to the local society. That diploma makes the receiver of it a member of the State society. In like manner I wish that every member of a State society should become what is now called a permanent member of this Association, and he should have the same rights that permanent members have now. This alteration of our constitution would immediately place this Association in relations with the young physicians of the country, much more satisfactory than those existing under our present rule.

"Second. I wish we could still further vary from our present plan, and make the representation at our annual meetings smaller; for example, if each society could send a representative for every twenty, or perhaps every thirty of its members when the society is a large one, instead of every ten, as now allowed. If we had this smaller representation, the honor of being a delegate would be higher, and doubtless the plan would tend to induce the best men of the profession to be willing to accept the office of delegate, which is certainly not the fact at present, in many places."

Dr. Bowditch offered the following:—

WHEREAS, It has been evident, during this session, that not a few papers have been referred to the Committee of Publication without reading or discussion thereupon by the Sections, therefore,

Resolved, That the Committee be requested to have all the papers carefully examined by themselves or by experts, and that they be hereby directed to publish none but those which be deemed appropriate.

Resolved, That after this year they be directed.

First. To publish nothing but that which, after being read at the Sections and approved by them, shall have been also submitted to the critical eye of experts, whose names shall be unknown, and whose decision shall be final in

regard to the publication of any paper in our volume of transactions.

Second. We should declare, as our rule for the guidance of said experts, that no paper should be deemed worthy of publication in our Transactions unless,

(a) It gives something new to medical science, or,

(b.) Unless it present an analysis, or such a new or lucid arrangement, of facts, already wholly or in part known, that the profession will be greatly aided thereby.

The present law having been demanded, it was read. After some discussion, on motion of Dr. J. P. White, New York, it was unanimously agreed to refer all these matters, as recommended in the President's address, to a select committee of five, of which Dr. Davis and Dr. Bowditch shall be two members, to recommend what legislation may be proper.

On motion of Dr. J. J. Woodward, U. S. A., it was resolved that, including this meeting and hereafter, the practice of printing in the Transactions of this Association the so-called verbatim reports of the debates in the Sections be discontinued, and that the reports of the Sections be limited to the papers presented and recommended by the Sections for publication, and such minutes as may be actually read and adopted by each Section during the session of the Association.

Dr. E. A. Hildreth, of West Virginia, offered the following:—

Resolved, That no paper shall be referred by the Sections to the Committee of Publication, without having been previously read and discussed by the Section, after which it may be so referred to the sub committee, as already provided.

Dr. Brodie moved to refer this to the special committee ordered as above.

On motion of Dr. T. J. Gallagher, of Pennsylvania, the resolution was laid on the table.

Dr. Brodie offered the following:—

Resolved, That the earnest thanks of this Association are hereby tendered to the Committee of Arrangements, for the excellent accommodations furnished at this session, and for the valuable order of business so carefully prepared for the meetings, and also to the citizens of Chicago, particularly Messrs. Pullman, Wirt-Dexter, Crain, Winston, Peabody, Bishop, Drs. R. N. Isham, E. O. F. Roler, and W. H. Ross, and their ladies, for their magnificent and hospitable entertainments, given during the evenings of Tuesday, Wednesday and Thursday; also to those railroads which have granted commutations to the delegates.

After some remarks by Dr. Woodward, the resolution was unanimously adopted.

Dr. I. N. Quimby, of New Jersey, offered the following:—

Resolved, That permission be granted to Dr. Quimby, of Jersey City, to select or tabulate all or a part of the new and original matter to be found in the Transactions of the Association, in one or two volumes, as the case may be,

which may be offered for sale at a reasonable price, at any regular medical book store.

On motion of Dr. F. Pratt, of Michigan, it was laid on the table, by a unanimous vote.

Dr. E. R. Squibb asked the privilege of withdrawing his paper, partially read before the Association, not wishing to have part published, as the part which he did not read would not appear.

On motion of Dr. Toner, the request was granted.

The President having called for the new officers, Dr. T. G. Richardson, of Louisiana, the President-elect, came upon the platform.

Dr. Bowditch then made some remarks, in retiring from the chair and welcoming Dr. Richardson.

Dr. Richardson assumed the chair, and returned his thanks for the honor thus conferred upon his Section and himself.

On motion of Dr. Brodie, the Association adjourned, to meet in Buffalo, New York, on the first Tuesday of June, 1878.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

The American College Association met in the club-room of the Palmer House, Chicago, Professor J. B. Biddle, of Jefferson Medical College, provisional president, in the chair.

Professor Edward Curtis, of New York, offered the following resolutions:—

Resolved, That the Provisional Association of American Medical Colleges do now adjourn, *sine die*.

This was put and carried. He also offered the following:—

Resolved, That the American Medical College Association do now organize, under the officers of the former Provisional Association, with the constitution, by-laws, and articles of confederation adopted at the last meeting of the Provisional Association, and that colleges represented by delegates at the Provisional Association and eligible for membership of the present association under its constitution, be now called upon, *seriatim*, for the subscribing by the delegates to the constitution, by-laws, and articles of confederation.

This resolution was unanimously carried, and the chairman then declared the new permanent organization effected. He then called on the representatives of the several medical colleges to step forward, as the names of their colleges were called. The roll thus made up was as follows:—

Jefferson Medical College, J. B. Biddle.

College of Physicians and Surgeons, Medical Department of Columbia College, New York, Edward Curtis.

Medical Department of the University of Louisiana, J. N. Bodine, and L. P. Yandell, Jr.
Hospital and College of Medicine of Louisville, William Bailey, and Dudley S. Reynolds.

Medical Department of Iowa State University, W. F. Peck and E. F. Clapp.

Chicago Medical College, Medical Department of the Northwestern University, N. S. Davis.

Medical Department of University of Wooster, Ohio, W. J. Scott and H. J. Herrick.

Cleveland Medical College, Medical Department of Western Reserve College, Isaac N. Himes.

Detroit Medical College, E. W. Jenks, Theodore A. McGraw and L. Connor.

Starling Medical College, S. Loving.

Medical Department, University of Vermont, A. T. Woodward.

Medical Department of Vanderbilt and Nashville Universities, John H. Callender and T. A. Atchison.

Missouri Medical College, St. Louis, P. Gervais Robinson.

Dartmouth Medical College, Hanover, N. H., C. S. Dunster.

Kansas City College of Physicians and Surgeons, T. B. Lester.

Miami Medical College, of Cincinnati, Ohio, John A. Murphy.

Louisville Medical College, C. W. Kelly and E. G. Gaillard.

Department of Medicine and Surgery, of the University of Michigan, Donald Maclean.

Medical Department of the University of Louisiana, New Orleans, T. G. Richardson.

Rush Medical College, Moses Gunn.

Indiana Medical College, John A. Cominger.

Medical College of Fort Wayne, H. A. Clark.

The Women's Hospital Medical College of Chicago, Charles W. Earle.

Dr. McGraw, of Detroit, offered the following resolution:—

Resolved, That each and every confederate college publish in its annual circulars and catalogues the names of all confederated and affiliated colleges, beginning with the commencements of 1878-79.

The resolution was adopted.

Dr. Curtis, of New York, offered a resolution providing for an assessment of \$5 on each confederated college, for expenses already incurred, and the resolution was adopted.

The election of officers was announced to be in order, and Dr. Curtis nominated the following: For President, Dr. J. B. Biddle, of Philadelphia; for Vice-president, Dr. N. S. Davis, of Chicago; and for Secretary, Dr. L. Connor, of Detroit. It was voted that Dr. Curtis cast the vote of the Association for these officers. Dr. Curtis objected that this was setting a bad precedent. The vote was reconsidered, and the ballot was taken in the usual way. The nominees were unanimously elected. Prof. Biddle said, for this mark of confidence he felt profoundly grateful. He thought the Association might congratulate itself on its proceedings, in quantity and quality. The moral power of the organization was destined to wield a mighty influence.

Dr. Davis was called on for a speech. He

thanked the Association for its compliment, and said he looked forward, as did Dr. Biddle, to a very marked and general elevation of medical instruction in this country, as a result of the moral force exercised by the Association.

The Association passed a vote of thanks to the President for the ability and courtesy he had displayed as chairman, and to the committee on constitution and by-laws, Profs. Edward Curtis, T. A. Atchison, and L. P. Yandell, Jr., especially to the first-named gentleman, for their arduous and successful labors.

The Association then adjourned *sine die*.

During the session a Constitution, By-Laws, and Articles of Confederation were adopted. The last mentioned of these are of sufficient general interest for republication:—

Articles of Confederation, to be Subscribed and Conformed to by all the Colleges of the Association.

ARTICLE I. OF THE FACULTY.

The medical members of the faculty must be regular graduates or licentiates and practitioners of medicine, in good standing, using the word "regular" in the sense commonly understood in the medical profession.

ARTICLE II. OF TUITION.

SECTION 1.—The scheme of tuition shall provide for a yearly systematic course of instruction, covering the general topics of Anatomy, including dissections, Physiology, Chemistry, Materia Medica and Therapeutics, Obstetrics, Surgery, Pathology, and Practice of Medicine. The collegiate session, wherein this course is given, shall be understood as the "regular" session.

SEC. 2.—Said regular session shall not be less than twenty weeks in duration. This Section to go in force at and after the session of 1879-80.

SEC. 3.—Not more than one regular session, counting the regular session as one of the two courses of instruction required for graduation, shall be held in the same year.

ARTICLE III. REQUIREMENTS FOR GRADUATION.

No person, whether a graduate in medicine or not, shall be given a diploma of "Doctor of Medicine" who shall not have fulfilled the following requirements, *except* as hereinafter provided for in Article IV:—

1. He must produce satisfactory evidence of good moral character, and of having attained the age of twenty-one years.

2. He must file a satisfactory certificate of having studied medicine for at least three years, under a regular graduate, or licentiate and practitioner of medicine, in good standing, using the word "regular" in the sense commonly understood in the medical profession; this clause to take effect at and after the Session of 1879-80. No candidate shall be eligible for final examination for graduation, unless his term of three years' study shall have been completed, or shall expire at a date not later than

three months after the close of the final examinations.

3. He must file the proper official evidence that, during the above mentioned three years, he has matriculated at some affiliated college, or colleges, for two regular sessions, and in the course of the same (except as provided in 4) has attended two full courses of instruction on the seven topics mentioned in Article II. But the latter, at least, of the two full courses must have been attended at the college issuing the diploma. No two consecutive courses of instruction shall be held as satisfying the above requirements, unless the time between the beginning of the first course and the end of the second is greater than fifteen months.

4. In case a college shall adopt a systematic graduated scheme of tuition, attendance on the whole of the same shall be equivalent to the requirements mentioned in 3, *provided* such scheme includes instruction in the seven topics mentioned in Article II, and requires attendance at at least two yearly regular collegiate sessions, of not less than twenty weeks' duration each.

5. The candidate must have passed a personal examination before the Faculty, on all seven of the branches of medicine mentioned in Article II.

6. He must have paid in full all college dues, including the graduation fee.

ARTICLE IV. OF HONORARY DEGREES.

An honorary degree of "Doctor in Medicine" may be granted, in number not exceeding one yearly, to distinguished physicians or scientific men of over forty years of age. But in such case the diploma shall bear across its face the word "Honorary," in conspicuous characters, and the same word shall always be appended to the name of the recipient, in all lists of graduates.

ARTICLE V. OF FEES.

SECTION 1.—All fees shall be paid in lawful money, and no promissory notes or promises to pay shall be accepted in lieu of cash, for payment of fees.

SEC. 2.—No ticket, or other certificate of attendance upon college exercises, shall be issued to any student until the dues for the same shall have been fully paid.

SEC. 3. The established fees for the exercises of the regular session, except the matriculation fee, graduation fee, fee for dissections, may be reduced, not more than one-half, to graduates of other affiliated colleges of less than three years' standing, and to under-graduates of the same who have already attended two full courses of the instruction of the regular session.

SEC. 4. The same fees may be remitted altogether to a college's own alumni, to graduates of other affiliated colleges of three years' standing—the three years dating from the time of graduation and ending at the close of the regular session for which the tickets are given—to under-graduates who have already attended

two full courses of the instruction of the regular session, the latter of which, at least, shall have been in the college making the remission, and to theological students, when not candidates for a diploma.

Sec. 5. Under no circumstances whatever, other than the above, shall the Faculties, or any members of the same, grant, upon *their own authority*, any remissions or reductions of established fees. And it is distinctly understood and agreed that the Faculties will discountenance and oppose the authorizing by governing boards, of admission of individual students upon other than the regularly established charges for their grade.

Sec. 6. Remission or reduction of fees for other exercises than those of the regular session, return to a student of any monies after payment of fees, or an appropriation of funds of the college for payment of any student's fees, or part thereof, shall be deemed violation of the provisions of this article in regard to remission or reduction of fees.

ARTICLE VI. OF RECOGNITION OF OTHER COLLEGES.

No college shall admit to the privileges accorded in Articles III and V the students or graduates of any college which, during any period of the students' or graduates' pupilage, shall have been excluded from the list of affiliated colleges recognized by the Association.

ARTICLE VII. AMENDMENTS.

Amendments to these Articles shall be proposed and adopted in the manner prescribed for amendments to the Constitution.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

The Association of American Medical Editors met in the reading room of the Palmer house. H. C. Wood, M. D., of Philadelphia, occupied the chair, and Dr. F. H. Davis acted as secretary.

Dr. Wood delivered the annual address. He described the Association as an offensive and defensive alliance, and he urged the importance of a close union among medical editors, that in attacking ignorance and erroneous practice they might have a prospect of success.

Comparing American with English journalism, he said the value of the former was distributed among too large a number of papers and magazines, so that America can present but few periodicals to compare with the leading English periodicals of the same character. A popularization of the *hàri kari* among American medical editors would result in great benefit to the public, and would afford the few really good periodicals a decent support.

The necessity of improving medical education received his attention, and he suggested that the endowment of medical colleges, and government inspection, would afford a remedy, but \$50,000,000 wouldn't properly endow the best

medical schools, and there would always be a large number of medical schools ready to sell the right to poison and kill at the lowest rates.

The multiplicity of States is an obstacle to legislation, and from this method no help can be hoped for unless a uniform act can be adopted by all the States.

He thought that the refusal of allopathic physicians to associate or co-operate with physicians of other schools was a needless obstacle to efficient action in checking quackery. In Canada the different schools unite to elect union examining boards, representing all the regularly educated schools. This, Dr. Wood thought, was practicable here, but if it was not adopted, there might be separate boards of examiners for the different schools. A third, and perhaps the best plan, would be to have a State board of examiners to examine candidates in those branches which are common to all schools, being supplemented by boards of therapeutists of the several schools, to examine in those subjects on which the schools differ. At any rate, in the estimation of Dr. Wood, the exigency was so great that some means of protecting the profession and repressing quackery ought to be tried.

Dr. Wood then threw the subject open for debate, and it was discussed by Dr. N. S. Davis, who spoke of the history of the organization, and Dr. Murphy, of Cincinnati, who sharply criticised all the points of the address, and by Dr. Bell.

Dr. John P. Gray, of Utica, was elected President, and Dr. L. Conner, of Detroit, Vice-president. Dr. Frank Davis, Secretary, held over.

The Association then adjourned till next year.

RHODE ISLAND MEDICAL SOCIETY.

The sixty-sixth annual meeting of the Rhode Island Medical Society was held June 11th. The meeting was called to order at 1 30 P. M., the President, E. M. Snow, in the chair.

On the subjects of the Prize Essay proposed for 1877, the Trustees make no award.

They announce the following subjects for 1878.

1. The causation of Typhoid Fever.
2. Diphtheria, its causes, diagnosis and treatment.

3. Alimentation in acute diseases.

To the best dissertation on either or each of these subjects, worthy of a premium, they offer the sum of two hundred dollars, on the usual conditions.

The Trustees present their fees for remuneration to the Printing Fund, to be used only for printing Prize Disputations, or to add to the Printing Fund.

The Secretary, Dr. W. E. Anthony, read his annual report, which was received and ordered placed on file.

The Registration Committee made a verbal report.

The following named Fellows were nominated

and elected officers of the Society for the ensuing year.

President—Charles M. Fisher, M. D., North Scituate.

First Vice-President—Edward T. Caswell, M. D., Providence.

Second Vice-President—George P. Baker, M. D., Providence.

Recording Secretary—W. E. Anthony, M. D., Providence.

Corresponding Secretary—E. M. Harris, M. D., Providence.

Treasurer—T. Newell, M. D., Providence.

Censors—Ariel Ballou, M. D., J. H. Eldredge, M. D., W. O. Brown, M. D., David King, M. D., Otis Bullock, M. D., S. Clapp, M. D., J. W. C. Ely, M. D., George L. Collins, M. D.

William Darling, M. D., F. R. C. S., Professor of Anatomy in the University Medical College, and J. F. Noyes, M. D., Professor of Ophthalmology of the Detroit Medical College, were elected honorary members of the Society.

NEBRASKA STATE MEDICAL SOCIETY.

This Society met at Omaha, June 5th and 6th. Officers for the ensuing year were elected, as follows: President, Dr. L. J. Abbott, of Fre-

mont; first Vice-President, Dr. E. M. Whitten, of Nebraska City; second Vice-President, Dr. Henry Link, of Douglas county; Corresponding Secretary, Dr. R. R. Livingston; Treasurer, Dr. L. H. Robbins. The Committee on Grievances presented complaints against Drs. Mercer and Denise, charging them with having advertised their business by cards, handbills, etc., as specialists, contrary to the ethics of the Association. The report was laid on the table; ayes 16, nays 9. The Convention subsequently refused to refer the complaints to a new Committee on Grievances to report next year.

The persons mentioned represent the "American Surgical Institute," of Omaha, and elsewhere, a concern widely advertised and puffed in the ordinary newspapers. The Omaha *Journal of Commerce*, June 11th, celebrates the action of the Society as a liberal and enlightened act, doing away with that article of the Code of Ethics discountenancing the advertising of specialties.

For ourselves, we think that the Nebraska State Medical Society should not be recognized any longer by the American Medical Association, or other regular and honorable societies. It has disgraced itself, and ought to be ostracised until it is purged.

EDITORIAL DEPARTMENT.

PERISCOPE.

Theory of the Action of Iodide of Potassium.

We learn from the *Practitioner* that Dr. Kämmerer explains the medicinal action of this salt by referring to its decomposition by the action of ozonized oxygen and by carbonic acid gas. In solutions of potassium iodide, ozone causes separation of free iodine; and when in dilute aqueous solution the pressure of carbonic acid gas breaks up the salt into hydrogen iodide (hydriodic acid) and potassium bicarbonate, but the free hydriodic acid is readily decomposed by free oxygen, even when not ozonized into iodine and water. Now iodide of potassium, when introduced into the stomach, is absorbed directly into the blood. Here it meets with a large quantity of carbonic acid gas at a high pressure, and is decomposed into hydriodic acid and potassium bicarbonate, and the former is then immediately split up by the oxygen in the blood, into free iodine and water. And even if the decomposition of the iodide by the carbonic acid does not take place, the oxygen in the blood, which closely resembles ozone in its properties, is capable of setting the iodine free. This free iodine does not act upon the inorganic constituents of the blood, since, on the one hand, the bicarbonates are not decomposed

by it, and, on the other, between potassium phosphate and iodine a reaction may take place, leading to the formation of an inferior oxide of iodine (subiodic acid), which last is reducible with extreme facility, and consequently effects rapid combustion of organic material, free iodine being at the same time set free, which again becomes converted into hydriodic acid, to undergo the same series of changes. The action of iodide of potassium in augmenting the temperature of the blood and causing emaciation, Dr. Kämmerer considers to be fully explained by the action of the drug in increasing the combusive operations in the blood.

A Case of Salivary Calculus.

The following interesting case is given in the *British Medical Journal*, by Dr. Reid, of Aberdeen. A man between thirty and forty years of age, otherwise in good health, had been troubled for several months with pain and swelling in the region of the submaxillary gland. But little swelling was perceptible between the gland and the outlet of the duct, although there was swelling in the gland itself. Liniments, poultices, warm water kept in the mouth, etc., were resorted to without any relief, and the pain and stiffening of the jaw became increased, so that swallowing was scarcely possible. A swelling beneath the tongue began to

appear at this time, and, in the course of two or three days from the first appearance of this swelling, the duct being much distended, a whitish speck was seen in the sublingual caruncula; and, on an opening being made, a concretion about the size of a pea was easily scooped out. The operation relieved the pain entirely, but the swelling did not altogether subside; and a relapse took place in about a year. The concretion in this case, though small, was large enough to close up the duct and obstruct the passage of the secretion, and caused a swelling like a half developed ranula. Had the tumor been opened at the thinnest part, the concretion would most likely have escaped observation. The case seemed to indicate that the mere size of the concretion did not determine the extent of the dilatation of the duct, but that it acted, whether large or small, as an obstruction, and might cause enlargement to any extent almost. The calculi in both the cases consisted of phosphate of lime with a little organic matter. Dr. Reid brought out the case on account of the analogy which seemed to him to exist between the formation of these concretions in the glands, their escape, and their slow and painful passage along the ducts, and the urinary deposits in the pelvis of the kidney, their escape, and passage along the ureters.

Ablation of the Uterus.

In the *Annales de Gynecologie* of late date, two cases in which the inverted uterus was removed, by means of the elastic ligature, are reported. Dr. Courty tried to reduce the uterus, but failed. A caoutchouc tube was fastened round the neck of the uterus and its end tightly fixed by a waxed thread; it was tightened from time to time; the uterus was completely detached at the end of thirteen days. The patient was discharged cured at the end of two months. The second case was under the care of Dr. Arles ("Paris Medical," Sept. 7, 1876). The ligature was applied in the same way; the uterus was detached at the end of fifteen days; there was neither hemorrhage nor other bad result. Dr. Courty suggests that, so as more clearly to mark the line of section, a furrow should first be burned round the uterine neck by the galvanocautery.

The Thermometer in the Diagnosis of Pregnancy.

In the Parisian Journal (*Archives de Toxicologie*), Dr. Marduel says one can easily see the importance of this subject as a new diagnostic sign in pregnancy, especially if the sign affords a certainty at a period when the other signs are probable. He then quotes the observations made by Cohnstein and Fehling, the latter of whom confirms the observations made by Cohnstein in eighteen cases. He then quotes Schleisinger and Klescieff, and gives the following summary:—

In a gravid uterus, containing a living child, the temperature is 0.27° to 0.54° Fahr. higher

than in the vagina, the temperature in the vagina exceeding that of the axilla. On the other hand, in a gravid uterus, containing a dead foetus, the temperature is somewhat lower than that of the vagina. The uterine temperature is also raised in case of endometritis, parametritis, etc.

He gives Alexieff's results on the temperature in the mouth and by the rectum of the foetus, and they vary from 1.26° to 2.34° Fahr. for the rectal temperature, and of 0.54° to 1.26° Fahr. for the temperature of the mouth above that of the vagina.

Aspiration in Strangulated Hernia.

The *Practitioner* states that M. d'Outrelepoint has practiced aspiration in two cases of strangulated hernia. The first case was that of a woman, aged forty-eight, who had a femoral hernia that had been strangulated for two days. The taxis had been tried without effect. A puncture was made with the needle of the aspirator (No. 1 Dieulafoy), and about fifty grammes of sero-sanguineous liquid was withdrawn; the hernial tumor, though softened, could not be reduced. The symptoms calmed down and the patient left the hospital. Six months after the hernia again became strangulated, but this time taxis was applied within twenty-four hours, and reduction was effected. The second case also occurred in a woman, aged forty-eight, affected with crural hernia. A puncture was made with a No. 2 needle, and a quantity of bloody serum removed, smelling strongly feculent. The hernia could not be reduced. The symptoms continuing, an operation was performed. On opening the sac the contents of the intestine were seen to escape from the opening made by the needle. The stricture was divided, but the intestine was not relieved; the patient died in a fortnight. D'Outrelepoint concludes that in small and tense hernia, in which gangrene is apt to supervene early, aspiration ought not to be tried, except during the first few hours. In large hernia, in which the progress of the malady is not so violent, aspiration may be tried at a more advanced period.

A Turpentine Bath in Rheumatism.

In a recent monograph, Dr. Bremond strongly advocates the use of turpentine baths, employed by placing the patient in an apparatus where his body is enveloped in an atmosphere saturated with turpentine.

The apparatus consists of a box placed in communication with a generator of steam, and it is so contrived that, at the moment when the steam enters, it is charged with turpentine, the latter being very finely divided into a kind of spray, which permits of its ready absorption by the skin.

The patient is seated on an easy chair inside the box, but his head is outside, and is never exposed to the medicated vapors. The tempera-

ture of the bath does not exceed forty-five degrees Centigrade, and generally forty degrees are sufficient; and Dr. Bremond states that he has observed only twice, out of more than 3000 baths, any of that artificial exanthem which accompanies terebinthinate applications to the skin, and yet he employs for every bath more than 200 grammes (a gramme is about fifteen grains) of essence of turpentine, or rather of the essence of the California cedar, which seems to him more efficient than that of the indigenous turpentine. The medicated steam is spread over the surface of the body by means of the apparatus described, and is absorbed by the skin, and Dr. Bremond considers that the turpentine thus introduced into the tissues meets the residues of nutrition when these are in excess, and by causing their combustion, prevents the undue formation of uric acid. He refers to another action of turpentine, namely, its effects on the tegumentary system, and he considers that the drug produces on the mucous membranes an effect quite as beneficial as that of its isomer copaiba.

The Use of Glycerine.

Several experiments on this subject, by M. Catillon are reported in the *London Medical Record* :—

A notable diminution of the proportion of sugar was found in the blood of dogs submitted for long together to the influence of glycerine. But this influence of glycerine only seems to be exerted after ultra-therapeutic doses; and M. Catillon was inclined to believe that the explanation of the favorable effects which glycerine may produce on diabetic patients must be sought in its action on the production of urea, and on the digestive functions. M. Catillon has never found either sugar or albumen in the urine after the administration of glycerine in any dose whatsoever. Glycerine possesses decided laxative properties; a dose of 15 or 30 grammes induces, if taken into the stomach of an adult, an easy and soft motion; sometimes, too, the laxative effect does not increase with large doses administered all at once. Glycerine, introduced into the stomach in large quantities, may act in two completely different ways, according as it is taken, in single large doses, or in repeated small doses. In the first case, when the proportion of 15 grammes to the kilogramme of the body-weight is reached, fatal accidents may supervene, and lesions comparable to those of acute alcoholism are found. In the second, on the contrary, no symptom but a rise in the temperature is manifested. It would appear that the rational dose of glycerine is from 15 to 30 grammes a day, if its functions for the restoration and regulation of the digestive functions are to be utilized. A dose of from 40 to 60 grammes, taken at once, may produce slight irritation of the kidneys and bladder. If we wish to give larger doses, as Dr. Harnach does in the treatment of diabetes (180 to 360 grammes), it is important to divide them so that they may

be tolerated. These large doses do not appear to offer any advantage, and they bring on intestinal disturbances. They cause no other inconvenience; on the condition, however, that a quantity equivalent to 15 grammes to the kilogramme of the body-weight be not taken at once.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—"The Specialty of Diseases of Women."

By Clifton E. Wing, M. D. Boston. An able article on the propriety and necessity of such a specialty. The author trusts to see Gynecology as firmly established as its sister specialty Ophthalmology (once held, as well as Gynecology, in dispute by the majority of the profession), and its practice reserved for those who are qualified for it.

—"Poisonous Effects of Cyanide of Potassium." By Joseph Jones, M.D., Professor of Chemistry, and Clinical Medicine in the University of Louisiana. The paper gives a careful and thorough consideration of this most formidable poison. The chemical and physical properties are first dealt with, then its action on plants, on living animals, and finally, its effects on man. It is asserted that hydrocyanic acid is as fatal to animal life, when combined with alkaline bases, as when it is free, and hence, "ammonia cannot be regarded as a chemical antidote in cases of poisoning by prussic acid; it acts merely as a stimulant to the cerebrospinal and sympathetic systems." As regards the treatment of poisoning by cyanide of potassium, it is difficult often to institute treatment, but, "if possible, the stomach pump should be used, and the stomach washed out with a weak solution of green sulphate of iron, which will decompose the poison." A weak solution of chlorine is also beneficial. This gas, when inhaled, is one of the most potent antidotes to the effects of prussic acid; it must be used with care, however, and well diluted. Ice to the head and spine, cold effusion, artificial respiration, and electricity, should not be neglected.

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Medical & Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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MEDICAL SOCIETY REPORTS.

Most of our space this number is conceded to the Proceedings of Medical Societies and allied bodies. Although the actual addition to one's working stock of knowledge, by the perusal of these reports, may not be large, there are many reasons why they deserve attention by all members of the profession.

Organization has been found to be by far the most effective means of bringing about good; and the good of the community is unquestionably, to the physician, second only to the care of, and provision for, himself and those immediately dependent upon him. Time was when the lonely prophet or philanthropist set out to convert or reform the world, without asking aid from constitutions, by-laws, and confederation; but now, with a changed civilization, with an incomparably closer intercourse, and rapid communication, it is found that too little is accomplished by the one-man power, unless this is employed to direct the forces of large and united

assemblies. In one day, these can mature a working plan, and place it in effective operation, while, by the old-time method, a generation would be required to accomplish as much.

It has been found, too, that rivalries, dissensions, and controversies are appeased most promptly by a face-to-face discussion. The venom that flows black from the pen is neutralized by the happy antidote of social intercourse.

There is, also, an indefinite capacity for misinterpreting men from their writings, and from what one hears of them. Pigmy loom to giants, athletes diminish to dwarfs; and only when we measure them ourselves is the error of the visual angle corrected.

In the late meetings which have been held, much was accomplished and much was suggested for future labor. The American Medical was largely attended, principally from the Northern Central States, and the discussions were earnest and without acrimony. The Association of Medical Colleges reached some conclusions of very great value, and which, if adopted and carried out in good faith, will be felt of epochal moment to the cause of professional education. The Association of American Editors listened to an orator whose passion for censorship is as well known as it is indiscriminate; and though many of his shafts fell short, or were, in his auditors' opinions, aimed at windmills, such a miscellaneous volley will doubtless strike some abuse in a vital part.

For these reasons, the reading of Proceedings, though in the main tedious, is a sort of bounden duty for the man who wears the harness of the profession.

More has undoubtedly been reached by the union of forces in the State and United States Medical Associations, in the last quarter of a century, than by the disassociated members of the profession, yes, ten times more, although the latter are in the vast majority. This consideration should be reason enough for every enlightened physician to attach himself to a society.

NOTES AND COMMENTS.

A Double Pig.

Dr. J. N. Medbery, of Iowa, describes a porcine monster: The pig, born at term, is of medium size, having one well-developed head, neck and shoulders, with front legs as natural, with one body, about two and a half inches back of the shoulders, at which point it separates into two distinct and separate bodies, each body having two hind legs well developed, and each body having the less important part, a tail. At the bifurcation two other designedly front legs originate on the back, and are of equal length and size of the other legs; each and every part of the pig is well developed, and was well nourished up to the time of birth. All in all, it is one of the finest specimens of curiosity known to me. One head, one anterior and two posterior bodies, eight legs, two tails, and is of the female gender.

Benzoic Acid in Chronic Cystitis.

Dr. Mulhorn reported, before the late meeting of the Wayne County Medical Society, Michigan, that he had a lady patient who had suffered from cystitis for three years. There was frequent desire to urinate, but ten-grain doses of benzoic acid very promptly relieved this difficulty. He has found benzoic acid to work like a charm in cystitis.

CORRESPONDENCE

Metritis.

ED. MED. AND SURG. REPORTER:—

For the relief of this painful affection I have used the fluid extract of ergot, with good results. My first trial of it was in the case of a woman, who was subject to frequent abortions. Her first abortion took place at about the fifth month, her last came on at the third or fourth week. Several days after this occurrence a violent metritis set in, accompanied with high fever and severe pain. Previous to this attack I had been using warm water and carbolic acid injections as a deodorizer, and to wash away the clots after the abortion. However, the metritis set in with great violence, and with slight delirium, threatening an early dissolution. At the very beginning, I gave her half a teaspoonful of fluid extract of ergot every three hours, and continued it all day. On the second day I used an injection of warm water and fluid extract of ergot (two drachms of extract to one syringeful of warm water). Every injection gave great relief from pain in a few minutes. I

continued this treatment for several days. And finally the fever gradually subsided, and the patient got well, without the assistance of any other medicinal agent. I have used this treatment in cases since this one, with similar results, alternating the treatment, first by mouth, then by injections.

JOHN M. WHITE, M. D.

Pleasant Ridge, Ala., May 25th, 1877.

Free Dispensaries.

ED. MED. AND SURG. REPORTER:—

In regard to the article, "Abuse of Free Dispensaries," May 12, 1877, vol. xxxvi, page 431, I take the liberty to give to you some suggestions which, in my opinion, would set the matter right:—

1. "Free dispensaries" are and should be gratuitous, but only for the *pauper*.

2. Physicians of such charitable institutions must be of *good standing*, and they should give help *without ostentation*.

If you acknowledge these two points, then you will also accept my opinion, viz.:

1. That every applicant for advice in a dispensary should show a certificate sworn to before the Officer of the Poor of his or her district.

2. All physicians in dispensaries competing, in the number of patients, with other similar institutions, by prominent advertisements, etc., should be stricken from the roll of regular physicians.

But the same reproach as to dispensaries attaches to the dispensaries of our distinguished clinical institutions.

Hoping to have stricken the right rock, according to our ethics, I request you to assist further the "abused" practitioner in the Reporter. Very respectfully yours,

703 N. Fifth street.

L. GRUEL, M.D.

NEWS AND MISCELLANY.

The Geneva International Medical Congress.

We would again remind those of our readers who propose a European trip this year, that the International Medical Congress takes place at Geneva, September 9-15th. Drs. Lebert, Zahn, Esmarch, Ollier, Marey, Broadbent (of St. Mary's Hospital, London), Vogt, Warlomont, and many other well-known physicians, propose to take part in the proceedings.

Cholera at Brownsville, Texas.

The Brownsville, Texas *Sentinel*, June 8th, announces that a disease something like the cholera has broken out among the troops at Ringgold barracks. About thirty are in the hospital and six have died. The attacks commenced with diarrhoea and colic. A similar disease has appeared in the city, and several cases have proved fatal within the past few days.

An Ambulance Service

Has been established at the Pennsylvania Hospital, by the means of which persons who have received injuries will be promptly sent for, and properly conveyed to the hospital, on notice being received at the institution. In cases of injury, application should be immediately made at the nearest police station, from all of which there is telegraphic communication with the hospital, or notice may be given at the entrance of the institution.

Personal.

—The July number of the *HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE* will be ready early in July. Dr. C. C. Vanderbeck has been appointed assistant editor.

—Dr. Wormley, of Ohio, has been elected to the Chair of Chemistry, University of Pennsylvania; Dr. Tyson, of this city, is to fill temporarily the Chair of Physiology; and Dr. — has been chosen Professor of Clinical Surgery to the University Hospital.

—The *Galveston News* says Dr. J. W. Brown was murdered, recently, at the Kennedy House, in Houston, Texas. He was a graduate of Nashville Medical school; came to Texas in 1866. He left five children living near Nashville, by his first wife, who died here, of yellow fever, in 1873.

—Professor A. E. Macdonald, M. D., Medical Superintendent of the New York City Asylum for the Insane, on Ward's Island, having obtained permission from the Commissioners of Charities and Correction, is delivering a series of lectures at the Asylum, on the diagnosis of insanity. Lectures of a similar kind are delivered in England and on the continent of Europe with great advantage to the student and without detriment to the patient, and it is thought that under proper regulations a like result can be obtained in this country. Dr. Macdonald's plan has the approval of Drs. Hammond, Janeway, and Seguin, and Prof. John Ordonaux, State Commissioner in Lunacy.

Items.

—The Jersey City Board of Health has been reorganized, Dr. L. W. Elder President.

—The first Annual Meeting of the American Dermatological Association will be held at Niagara Falls on the fourth day of September next.

—The American Association for the Advancement of Science, will meet at Nashville, Tenn., August 29th. Mr. F. W. Putnam, Salem, Mass., is the Permanent Secretary.

—"The Sick-Diet Kitchen of the House of Mercy," 411 Spruce street, Philadelphia, Pa., provides proper diet for consumptives of the House of Mercy, and is also intended as a charity for the invalid poor in general. Donations may be sent to Rev. Samuel Durborow, Superintendent House of Mercy.

Death from Ten Grains of Chloral.

Dr. E. E. F. Ingalls, *Chicago Medical Journal and Examiner*, reports:—"A German woman, about thirty-three years of age, apparently healthy, came into the office to have some teeth extracted. She desired some medicine to prevent the pain, and the doctor gave her ten grains of hydrate of chloral, which dose he repeated in one hour. Soon after the second dose the patient manifested alarming symptoms of poisoning, and although all was done that could be, to resuscitate her, she died in about fifteen minutes. No post-mortem examination was made. The patient had taken only two doses of chloral, of ten grains each—the second having been given one hour after the first.

QUERIES AND REPLIES

Hypodermic Injections.

MR. EDITOR:—In administering medicines hypodermically, what is the proportionate quantity to be given, as compared with the dose given by the stomach? D. C. McCAMPBELL.

North Mt. Pleasant, Miss.

Reply.—Authorities differ, and drugs differ in relative effect. About one-third to one-fourth of the dose by the stomach is, perhaps, an average.

MARRIAGES.

PERDUE-STEVENS.—On the 16th of May, 1877, by Rev. J. R. Danforth, W. R. Perdue, M. D., of Unionville, Pa., and Miss Nellie V., daughter of Dr. A. H. Stevens, of Philadelphia.

TRENT-DANFORTH.—On the 31st of May, at the residence of the bride's mother, near J. a Payette, Alabama, Dr. William B. Trent and Miss Addie Danforth.

DEATHS.

BROWNELL.—At Saratoga Springs, June 6th, of apoplexy, Dr. Charles A. Brownell, formerly of Troy, in the forty-ninth year of his age.

CLARKSON.—On Friday, June 1st, 1877, in New York, Cornelius V. Clarkson, M. D.

DEWEY.—In Montpelier, Vermont, May 29th, Dr. Julius Dewey, aged seventy-six years.

DUFFEE.—In Philadelphia, on the 25th instant, Dr. Washington J. Duffee, in the sixty-third year of his age.

HUSTON.—On Wednesday, May 30th, 1877, at Eldon, Iowa, Willis L., infant son of Dr. R. W. and Hortie J. Huston, aged nine months and ten days.

KISSAM.—At Huntington, Long Island, on the morning of the 1st instant, Hannah, wife of Dr. Daniel E. Kissam, of Brooklyn.

KNIGHT.—In Philadelphia, on the 31st of May, Dr. William L. Knight.

STEARNS.—At No. 23 West Tenth street, New York, on Wednesday, the 30th ultimo, Mary E., wife of Charles W. Stearns, M. D., and daughter of the late William Checkley Shaw, of Baltimore.

VARLEY.—In New York city, on Monday, June 11th, of apoplexy, Margaret Varley, wife of C. D. Varley, M. D.

WILLIAMSON.—In Philadelphia, on Thursday, May 21st, Duncan Williamson, M. D., in the fifty-fourth year of his age.